Approved for use through 1/31/7006, OMB 0661-0032

U.S. Petent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless & displays a visid CMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Dockel Number Substitute for Form PTO-875 Effective December 8, 2004 APPLICATION AS FILED - PART I OTHER THAN SMALL ENTITY ÓR (Column 1) (Column 2). SMALL ENTITY NUMBER FILED NUMBER EXTRA RATE (\$) FEE ( RATE (\$) FEE (\$) BASIC FEE N/A 67 CFR 1 18(4) 101 0 (c)) 150.00 H/A 300.00 N/A SEARCH FEE N/A NIA (37 CFR 1 16(N. 14. or (m)) NVA \$250 N/A \$600 **EXAMINATION FEE** N/A N/A N/A \$100 # CFR 1 16(0). (p). or (0) NA \$200 TOTAL CLAHAS X\$ 25 **67.0FR** (46(4) minus 20 = X\$50 OR INDEPENDENT CLAIMS X100 07 CFR 1 16(h)) C summ X200 If the specification and drawings exceed 100 APPLICATION SIZE sheels of paper, the application size fee due is \$250 (\$125 for small entity) for each 107 CFR 1 16(4)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). +180= MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1 16(1)) 4360× If the difference in column 1 is less than zero, enter "O" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II OTHER THAN OR (Column 3): (Column 2) (Column 1) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING PRESENT NUMBER RATE (\$) ADDI-RATE (\$) ADDI-EXTRA AFTER PREVIOUSLY TIONAL TIONAL MENDMENT PAID FOR FEE (\$) FEE (1) Total Minus X\$ 25 X\$50 OR Independent ... Minus X100 X200 **OR** Application Size Fee (37 CFR 1.16(5)) **4180**= PRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.160) +360= OR TOTAL TOTAL. ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING PRESENT NUMBER RATE (1) ADDI-RATE (\$) ADOI-EXTRA AFTER. PREVIOUSLY TIONAL TIONAL AMENDMENT PAID FOR FEE (\$) FEE-(4) Total grove Lien Minus X\$ 25 X\$50 OR Independent (37 CFR 1.14m) Minus X100 X200 OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) +180= +360= OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "o" in column 3. If the Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter 20.

If the Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter 2.

The Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1. a collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the PTO to process) an application. Confidentiality is governed by 35 U.S.O. 122 and 37 OFR 1.14. This collection is estimated to take 12 minutes to complete, buding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any commentation of line you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chilef Information Officer, U.S. Petern Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS

DRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460. If you need assistance in completing the form, cell 1-800-PTO-9199 and select option 2